



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
ROAD TOLL BUREAU  
33 HAZEN DRIVE, CONCORD, NH 03305  
TELEPHONE: (603) 271-2311  
TDD Access: Relay NH 1-800-735-2964

## Motor Fuel and Petroleum Products Transporter's Report

*Complete and attach enclosed schedules*

License Number	Report Period:	FOR OFFICE USE
FEIN		
Licensees' Name and Location Address	Licensee's Mailing Address	
MUST BE FILED EVERY MONTH		
Total of all deliveries of fuel from out-of-state locations to inside the state (imports). (Attach Schedule 14B)		

### **RSA 260:42 Motor Fuel and Petroleum Products Transporter:**

*"I. Every person not registered as a distributor who transports motor fuel or products subject to the fees stipulated in RSA 146-A, to a point or points within the state from a point or points outside the state, every common carrier or contract carrier who transports motor fuel or petroleum products, and every licensed distributor who transports motor fuel or petroleum products exclusive of the carrier's own product shall be licensed with the commissioner as a motor fuel and petroleum products transporter.*

*V. The transporter shall report to the commissioner on forms prescribed by the commissioner, not later than the twentieth of the succeeding calendar month, subject to prosecution for unsworn falsification, all deliveries of motor fuel and petroleum products made to points within the state during the previous calendar month. Such reports shall contain sufficient information to identify the quantities delivered, the consignor, the consignee and such additional information as the commissioner may require. A report shall be filed for any month in which no activity occurs.*

*VI. Any person who fails, neglects, or refuses to file the monthly report required by this section shall be assessed a penalty of \$500. Such penalty shall immediately accrue and shall bear interest as specified in RSA 260:40-a."*

<b>SIGN HERE:</b>	<b>DUE DATE-On or before the 20<sup>th</sup> of the month</b>			
	Authorized Signature	Telephone Number	Signature of preparer other than taxpayer	Telephone Number
	Title	Date	Address	Date
	<b><u>"This application is signed under the penalty of unsworn falsification pursuant to RSA 641:3"</u></b>			